



# GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Master and Journeyman Plumbers

237 Coliseum Drive

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## CE AUDIT REPORT FORM

For the Two-year CE Reporting Period  
Ending November 30th of even numbered years

PLEASE PRINT OR TYPE

Institute, Organization, or Agency Conducting Program	Title of Course	Location of Course	Dates Attended	Number of Hours Completed	Documentation Attached

Total Hours Completed

I certify that the above is true and accurate information and I have attached required documentation.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires: